

JC872 U.S. PTO
10/033951
12/22/01

Docket: 2679

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Martinek Examiner: Unassigned
Serial No: To be assigned Art Group Unit: Unassigned
Filed: Concurrently Herewith
For: Suture Screw

APPLICATION TRANSMITTAL LETTER

Asst. Commissioner For Patents
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the [x] utility [] design patent application in this case including:

1. [] This application is a [] Continuation; [] Divisional [] Continuation in Part of prior application
2. [x] This application claims priority from Provisional Application Serial No. 60/257,813 filed on December 22, 2000.
3. [x] The application consisting of 15 pages (including specification, claims and abstract).
4. [x] 8 sheet(s) of drawings is enclosed. The drawings are:
 - a. [] formal; or
 - b. [x] informal; formal drawings will be submitted in due course.
5. [] A signed declaration and power of attorney is enclosed.
6. [] A declaration and power of attorney is not enclosed at this time since it has not been executed by the inventor(s). A signed declaration and power of attorney will be submitted in due course.
The inventor(s) is/are

7. [] An Assignment of the invention to _____ is enclosed. Please record the Assignment and return it to the undersigned.

8. [x] The Application filing fee is calculated below.

No. Filed	No. Extra*	Rate:	Fee
Basic Fee:			\$ 760.00
Total Claims: 17 - 20 = 1		x 18.00	\$ 0.00
Indep Claims: 3 - 3 = 1		x 78.00	\$ 0.00
[] Multiple Dependent Claims Presented ,	+ \$270.00		\$ 0.00
TOTAL:			\$ 760.00

9. [x] Please charge Deposit Account No. 21-0550 in the amount of \$ 760.00 which includes filing fee and recordation fee).
TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.

10. [x] The Commissioner is hereby authorized to charge any additional fees which may be required for this application, or credit any overpayment to Deposit Account No. 21-0550. **TWO DUPLICATE COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,

Date: 12/21/01



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